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## BIB DATA SHEET

CONFIRMATION NO. 1257

<b>SERIAL NUMBER</b> 09/638,779	<b>FILING or 371(c) DATE</b> 08/15/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3692	<b>ATTORNEY DOCKET NO.</b> 66705-04906	
<b>APPLICANTS</b> Ralph D. Leisle, Wildwood, MO; <b>** CONTINUING DATA *****</b> <i>none smd</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none smd</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **</b> 09/28/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SUSANNA M Acknowledged MEINECKE DIAZ/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 27 14	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> THOMPSON COBURN, LLP ONE US BANK PLAZA SUITE 3500 ST LOUIS, MO 63101 UNITED STATES					
<b>TITLE</b> Computer program and method for determining the economic impact of long-term care					
<b>FILING FEE RECEIVED</b> 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		